

PLACE OF BIRTH
County of Gila
District of Arizona
Town of Miami
or
City of _____
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 157 State Index No. 890
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 284
Local Registrar's No. _____
St. _____ Ward)

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female Twin Triplet or other } and } Number in order of birth 1 Legitimate? yes Date of Birth Sept 20 - 1916
(Month) (Day) (Yr.)

FATHER
Full Name Wiley Sheets
Residence Lower Miami
Color or Race White Age at last Birthday 25 (Years)
Birthplace Durango, Col.
Occupation _____

MOTHER
Full Maiden Name Ada Richardson
Residence Lower Miami
Color or Race White Age at last Birthday 23 (Years)
Birthplace Colorado, Anitita
Occupation Housewife

Number of child of this mother 1st Number of Children, of this mother, now living None Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 20, 1916, at 6:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Cyril M. Crow M.D.
(Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 191...

Address Box 29
Health Dept Miami Ariz
LOCAL REGISTRAR.

022-920-195
COUNTY REGISTRAR.

Filed Sept 30 1916 A True Copy
Filed Oct 10 1916 R. G. J. or M. D.
COUNTY REGISTRAR.